



PRISONERS' LEGAL SERVICES OF MASSACHUSETTS

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October 2, 2019

Yolonda Smith
Superintendent
South County HOC
20 Bradston Street
Boston, MA 02118

COPY

Re: Jennaya Bennett-Werra, 183905

Dear Superintendent Smith:

I am writing on behalf of Jennaya Bennett-Werra, who is incarcerated at Suffolk County HOC.

Ms. Bennett-Werra identifies as female and has been prescribed hormones by her providers at the jail. She reports she is taken to programs with other female prisoners and goes to the library with female prisoners. She reports there have been no issues during the time she is with female prisoners.

Ms. Bennett-Werra reports that Suffolk county officials will not house her with other females as stated in the Criminal Justice Reform Act (CJRA). Mass. Gen. Laws Ann. ch. 127, § 32A provides:

A prisoner of a correctional institution, jail or house of correction that has a gender identity, as defined in section 7 of chapter 4, that differs from the prisoner's sex assigned at birth, with or without a diagnosis of gender dysphoria or any other physical or mental health diagnosis, shall be: (i) addressed in a manner consistent with the prisoner's gender identity; (ii) provided with access to commissary items, clothing, programming, educational materials and personal property that is consistent with the prisoner's gender identity; (iii) searched by an officer of the same gender identity if the search requires an inmate to remove all clothing or includes a visual inspection of the anal cavity or genitals; provided, however, that the officer's gender identity shall be consistent with the prisoner's request; and provided further, that such search shall not be conducted for the sole purpose of determining genital status; and (iv) housed in a correctional facility with inmates with the same gender identity; provided further, that the placement shall be consistent with the prisoner's request, unless the commissioner, the sheriff or a designee of the commissioner or sheriff certifies in writing that the particular

placement would not ensure the prisoner's health or safety or that the placement would present management or security problems.

Ms. Bennett-Werra reports she has consistently made requests to be housed with members of her own gender but this request has not been granted. Please grant Ms. Bennett-Werra a transfer to the women's unit at Suffolk County.

I am seeking releases signed by Ms. Bennett-Werra. I will forward the releases when I receive them. I look forward to your response to Ms. Bennett-Werra's housing needs and this letter.

Sincerely,


Al Troisi
Paralegal

Suffolk County Sheriff's Department

Grievance Form

TODAY'S DATE: 7-2-19 DATE / TIME INCIDENT: 6-27-19 / 1:00 PM LOCATION OF INCIDENT: 1-8-2

HOUSING UNIT: 1-8-2 NAME: Tamara Brownell-Walker BOOKING #: 1100435

Per Policy S491, your grievance will be returned if you do not indicate with whom you have attempted to resolve this issue.

☐ Emergency Check this box only if your grievance involves an issue for which the delay in resolution may cause a substantial risk of personal injury or other damages.

Describe the grievance, be specific, include names and dates
<p>I have filed 2 med slips asking to be better Accommodated with the Accommodation required by my gender Dysphoria. I asked to be given the chance to see an electrocist to have a hair removal procedure in treatment people with gender Dysphoria because if you don't have the laser hair removal done you can not have the sex reassignment surgery. On both of my med slips I got a response of "Not Medically Indicated" but it is.</p>

SUGGESTED REMEDY:
<p>I would like to be better Accommodated Medically for my gender Dysphoria and get the chance to see an electrocist for a hair removal procedure.</p>

Inmate signature: Tamara Brownell-Walker Date: 7-2-19

DO NOT WRITE BELOW THIS LINE

Report Number: <u>6190441</u>	Decision:	<input checked="" type="checkbox"/> RETURNED <input type="checkbox"/> DENIED <input type="checkbox"/> RESOLVED <input type="checkbox"/> REFERRED	COMMENTS (IF REFERRED, specify to whom and why):
Date Received: <u>7-3-19</u>	Appeal Date: _____		
REASON(S) FOR DECISION: <u>See above not on medical</u>			

Institutional Grievance Coordinator: [Signature] Date: 7-5-19

You may appeal the decision of the IGC to the Superintendent within (10) dates if the decision. Only the official Inmate Grievance Appeal Form will be accepted. The Superintendent's decision is final.



Suffolk
20 Bradston Street
Boston, MA 02118

7/5/2019 11:24:21 AM Eastern Daylight Time

PICTURE
NOT AVAILABLE

Patient:	BENNETT-WERRA, JAMES	#:	(165359) 1902435	Lang:	
DOB:	8/22/1997 (Age=21)	Sex:	M	Race:	W
Housing:	HOC-1-08-2-14-A	SSN:	**HIDDEN**	Type:	
Status:	ACTIVE	Booking Date:	4/10/2019 1:21:00 PM Eastern Daylight Time	Release:	

Grievance

Date Of Grievance:	Date Received:	Date of Response:	
6/27/2019	7/3/2019	7/4/2019	Closed

Grievance Types:

Dissatisfied with quality of medical care

Description:

You would like to be better accommodated for your Gender Dysphoria by having Electrolysis.

Response:

Unfortunately, Electrolysis is not medically indicated.

Suffolk County Sheriff's Department
Grievance Form

FT

TODAY'S DATE: 10-23-19 DATE / TIME INCIDENT 10-23-19 8:10am LOCATION OF INCIDENT: 1-4-2

HOUSING UNIT: 1-4-2 NAME: James Bennett Werra BOOKING #: 1902435

Per Policy S491, your grievance will be returned if you do not indicate with whom you have attempted to resolve this issue.

☐ Emergency Check this box only if your grievance involves an issue for which the delay in resolution may cause a substantial risk of personal injury or other damages.

Describe the grievance, be specific, include names and dates

The black LT Bald with glasses named Mr. 141 while I was on for time I was sitting down at 2nd floor in the hallway because the car didn't have any support on the LT. He told me I was off the line calling me "N. N. N. N." He continued to tell me I was off the line and told me to write a grievance. He said "the fuck his this world come too" I told him that he was being an asshole and that I would write a grievance on him. He said "example of how I'm not being around. He said I should be out that as a black man. Discrimination. Now all the other women get harassed by cars or called by a different gender."

SUGGESTED REMEDY: This LT Needs to be reprimanded and educated on how to treat people. He told me to write a grievance because he thinks he can treat people any way without consequences. He Needs to know that this is not true.

Inmate signature James Bennett Werra Date 10-23-19

DO NOT WRITE BELOW THIS LINE

Report Number: <u>1910855</u>	Decision: <input checked="" type="checkbox"/> RETURNED	COMMENTS (IF REFERRED, specify to whom and why):
Date Received: <u>10-23-19</u>	<input type="checkbox"/> DENIED	
Appeal Date: _____	<input type="checkbox"/> RESOLVED	
	<input type="checkbox"/> REFERRED	
REASON(S) FOR DECISION: <u>For the 1st Mr. 141: All staff has been trained on how to interact and interact with respect to transgender inmates.</u>		

Institutional Grievance Coordinator: _____ Date: 10/23/19

You may appeal the decision of the IGC to the Superintendent within (10) dates if the decision. Only the official Inmate Grievance Appeal Form will be accepted. The Superintendent's decision is final.

Suffolk County Sheriff's Department
 Grievance Form

TODAY'S DATE: 7-24-19 DATE / TIME INCIDENT 7 LOCATION OF INCIDENT: 1-S-2

HOUSING UNIT: 1-S-2 NAME: James Branch-Waller BOOKING #: 1902435

Per Policy S491, your grievance will be returned if you do not indicate with whom you have attempted to resolve this issue.

☒ Emergency Check this box only if your grievance involves an issue for which the delay in resolution may cause a substantial risk of personal injury or other damages.

Describe the grievance, be specific, include names and dates

My Prison rights are being violated because I'm a high potential risk of being victimized at prison I'm a high potential being small in size. My age and the fact that I've already been a victim of rape in Bristol County. I'm being housed with people who are high potential predators due to their sex crimes. Also my prison rights are being violated because I've reported being sexual assaulted in a previous jail and never seen the prison coordinator. I have mentioned many times that I feel extremely uncomfortable being housed ~~on~~ on this unit for mental health and my caretaker and women's programming.

SUGGESTED REMEDY: I would like to go to the female unit, see classifying and see the prison coordinator.

Inmate signature James Branch-Waller Date 7-24-19

DO NOT WRITE BELOW THIS LINE

Report Number: <u>6190551</u>	Decision:	<input type="checkbox"/> RETURNED	COMMENTS (IF REFERRED, specify to whom and why):
Date Received: <u>7/30/19</u>		<input type="checkbox"/> DENIED	
Appeal Date: _____		<input checked="" type="checkbox"/> RESOLVED	
		<input type="checkbox"/> REFERRED	
REASON(S) FOR DECISION: <u>The incident in Bristol is still being investigated. You are on a house arrest status. You will be attending classes with the females.</u>			

Institutional Grievance Coordinator: [Signature]

Date: 7-30-19

You may appeal the decision of the IGC to the Superintendent within (10) dates if the decision. Only the official Inmate Grievance Appeal Form will be accepted. The Superintendent's decision is final.

Suffolk County Sheriff's Department
Grievance Form

FT

TODAY'S DATE: 6-21-19 DATE / TIME INCIDENT 6-21-19 LOCATION OF INCIDENT: 1-8-2

HOUSING UNIT: 1-8-2 NAME: James Bennett Werra BOOKING #: 1602435

Per Policy S491, your grievance will be returned if you do not indicate with whom you have attempted to resolve this issue.

☐ Emergency Check this box only if your grievance involves an issue for which the delay in resolution may cause a substantial risk of personal injury or other damages.

Describe the grievance, be specific, include names and dates
I requested to move to the female unit through my case worker, but she said I need to ask the superintendent. so I wrote the superintendent over two weeks ago and received no response.
I also wrote a letter to MAJOR THOMAS and requested to be moved at my last classification hearing.

SUGGESTED REMEDY: <u>hear a response from the superintendent so I can move to a female unit.</u> <u>THANK YOU.</u>

Inmate signature: James Bennett Werra Date: 6-21-19

DO NOT WRITE BELOW THIS LINE

Report Number: <u>11901117</u>	Decision:	<input type="checkbox"/> RETURNED	COMMENTS (IF REFERRED, specify to whom and why).
Date Received: <u>6-24-19</u>		<input checked="" type="checkbox"/> DENIED	
Appeal Date: _____		<input type="checkbox"/> RESOLVED	
		<input type="checkbox"/> REFERRED	
REASON(S) FOR DECISION: <u>You will not move to a female unit at this time. You have participated in the transgender support group.</u>			

Institutional Grievance Coordinator: / Mitchell Date: 6-26-19

Suffolk County Sheriff's Department
Grievance Form

TODAY'S DATE: 9-23-19 DATE / TIME INCIDENT: 9-16-19, 9-20-19 LOCATION OF INCIDENT: 1-5-1 ^{women}
HOUSING UNIT: 1-5-1 NAME: James S Bennett-Warren BOOKING #: 1902435

Per Policy S491, your grievance will be returned if you do not indicate with whom you have attempted to resolve this issue.

☐ Emergency Check this box only if your grievance involves an issue for which the delay in resolution may cause a substantial risk of personal injury or other damages.

Describe the grievance, be specific, include names and dates

On 9-17-19 Christina Ruccia came to talk to me on 1-5-1 unit to explain why I was taken off the women's programs list. She told me the reason why is because of a disciplinary report I was given on 9-5-19. She said that I would lose my program privileges for the week of 9-16-19 - 9-20-19. I attended programs today on 9-23-19 and was told that the other inmate involved in my disciplinary report did not lose her program privileges but still received the 48 hour restricted movement. It is not fair to punish me twice with 48 hour restricted movement and a week of lost programs and the other inmate was not. This is blatant discrimination against me why am I being treated differently than the other women involved in the disciplinary report.

SUGGESTED REMEDY: I want to be housed on a women's unit to avoid further discrimination. I want to be treated the same as all other women. I want to be able to attend more women's programs.

Inmate signature: James S Bennett-Warren Date: 9-23-19

DO NOT WRITE BELOW THIS LINE

Report Number: <u>9190751</u>	Decision: <input type="checkbox"/> RETURNED	COMMENTS (IF REFERRED, specify to whom and why):
Date Received: <u>10-2-19</u>	<input checked="" type="checkbox"/> DENIED	
Appeal Date: _____	<input type="checkbox"/> RESOLVED	
	<input type="checkbox"/> REFERRED	
REASON(S) FOR DECISION: <u>Discrimination against me and the other inmates about the incident.</u>		

Institutional Grievance Coordinator: 11/14/19

Date: 11/2/19

You may appeal the decision of the IGC to the Superintendent within (10) dates if the decision. Only the official Inmate Grievance Appeal Form will be accepted. The Superintendent's decision is final.

SUFFOLK COUNTY SHERIFF'S DEPARTMENT

INMATE GRIEVANCE APPEAL FORM

The Grievant has the right to appeal the decision of the Inmate Grievance Coordinator, using only this form, within ten (10) working days of receipt of the decision.

Once the appeal form is completed it shall be forwarded to the Superintendent, along with a copy of the grievance/decision. The Grievant should maintain a copy of the appeal and grievance for their own record.

Inmate's name Jenny L. [unclear] I.D.# 1902435 Date sent: 11/19/19

Reason for Appeal: My p.p. was not being taken with the other women is being taken away because of a defect that is not true. Also, it's not fair that I get my p.p. taken away to other women who have

Notes & concerns and don't care at all. It is extremely clear to me that people are doing every little thing they can do to get the form
Remedy: be treated like other women. If I was housed on a wing
that this wouldn't be an issue and I feel like I would be treated
equally to other women if I was housed with them.

would the other things be taken back. The other women who have
been at a house by the name of "use of force" and "use of force"
which is extremely abusive. It is being on a wing that is not
alone, in order to prevent further discrimination. There are only 200
inmates in the whole facility. There are only 200 inmates in the

[Signature] (Grievant Signature)

11/19/19
Date

BELOW TO BE COMPLETED BY THE SUPERINTENDENT OR DESIGNEE

Date Received: 12/2/16

Grievance # G190909

Decision Resolved

Reason(s) Jenny L. [unclear] absolutely spoke for all about
being treated like other women. It is being on a wing that is not

alone, in order to prevent further discrimination. There are only 200
inmates in the whole facility. There are only 200 inmates in the

[Signature]
Superintendent/desinee

12/3/19
Date

SUFFOLK COUNTY SHERIFF'S DEPARTMENT INMATE GRIEVANCE APPEAL FORM

The Grievant has the right to appeal the decision of the Inmate Grievance Coordinator, using only this form, within ten (10) working days of receipt of the decision.

Once the appeal form is completed it shall be forwarded to the Superintendent, along with a copy of the grievance/decision. The Grievant should maintain a copy of the appeal and grievance for their own record.

Inmate's name JAMES BENNETT WELLS I.D.# 1402435 Date sent: 7/9/19

Reason for Appeal: Appealing Grievance # G190484 Asking for
better Accommodation for my gender dysphoria. Electrolysis
is in fact medically indicated because it has to get done before
someone can move forward with sex reassignment surgery.

Remedy: I would like to have electrolysis work done as the
DOL does for people with gender dysphoria. Please and
thank you

Jamel Bennett Wells
Grievant Signature

7/9/19
Date

.....
BELOW TO BE COMPLETED BY THE SUPERINTENDENT OR DESIGNEE
.....

Date Received: 7/15/19

Grievance # C190484

Decision Resolved

Reason(s) Please forward this request to Naphean
they will be medical contractor and handle
such work.

[Signature]
Superintendent/desinee

8/1/19
Date

SUFFOLK COUNTY SHERIFF'S DEPARTMENT INMATE GRIEVANCE APPEAL FORM

The Grievant has the right to appeal the decision of the Inmate Grievance Coordinator, using only this form, within ten (10) working days of receipt of the decision.

Once the appeal form is completed it shall be forwarded to the Superintendent, along with a copy of the grievance/decision. The Grievant should maintain a copy of the appeal and grievance for their own record.

Inmate's name James Bennett-Weir I.D.# 1402435 Date sent: 7/3/14

Reason for Appeal: According to the New Criminal Reform Act
and Senate Bill 2407 I am supposed to be given the
opportunity to be housed on a female unit due to my gender
identity. I am not doing so. You are discriminating and violating my
Constitutional Rights amongst other rights to include race discrimination.

Remedy: I need to be housed on a female unit because I am a
female and it is my right. I don't like to be treated as another
inmate and that be discrimination against gender and thank you.

James Bennett-Weir
Grievant Signature

7/3/14
Date

.....
BELOW TO BE COMPLETED BY THE SUPERINTENDENT OR DESIGNEE
.....

Date Received: 7/9/14 Grievance # 6190447

Decision Resolved

Reason(s) Officer Bennett, you and I have spoken about
this at least 11 times. You are not doing a thing to help
me. You are not doing anything to help me. You are not
doing anything to help me. You are not doing anything to help me.
Thank you.

[Signature]
Superintendent/desinee

8/8/14
Date

SUFFOLK COUNTY SHERIFF'S DEPARTMENT

INMATE GRIEVANCE APPEAL FORM

The Grievant has the right to appeal the decision of the Inmate Grievance Coordinator, using only this form, within ten (10) working days of receipt of the decision.

Once the appeal form is completed it shall be forwarded to the Superintendent, along with a copy of the grievance/decision. The Grievant should maintain a copy of the appeal and grievance for their own record.

Inmate's name James Bennett-Welton I.D.# 1402435 Date sent: 7/13/2019

Reason for Appeal: All grievance decision given to me about the library was in correct. Inmates on 1-5-2 unit Do Not have Access to the library in the 3 building like everyone else we only get access to a little room

on the 5th floor once a week on Wednesday Nights and in room 1000 has law books and very few paper books.

Remedy: We would like to be treated equal and have access to the real

library in the 3 building it is not a safety issue if the female inmates get

to go there. This is unfair and violates our Equal Protection clause and

discriminates against us because we are a protective unit. We should be given 1 hour a week to go to the building library and keep our other 4 days a week to the 5th floor room. We could go with 1-5-2 unit just like we go to the yard together.

James Bennett Welton

Grievant Signature

Date

BELOW TO BE COMPLETED BY THE SUPERINTENDENT OR DESIGNEE

Date Received: 7/9/19

Grievance # 67190446 - 67190474

Decision Denial / Rejected

Reason(s) The inmate does not have access to the library in the 3 building like everyone else we only get access to a little room on the 5th floor once a week on Wednesday Nights and in room 1000 has law books and very few paper books.

The inmate does not have access to the library in the 3 building like everyone else we only get access to a little room on the 5th floor once a week on Wednesday Nights and in room 1000 has law books and very few paper books.

The inmate does not have access to the library in the 3 building like everyone else we only get access to a little room on the 5th floor once a week on Wednesday Nights and in room 1000 has law books and very few paper books.

Superintendent/desinee

Date

S491
3pt G